



CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1929


BY

MEREDITH YOUNG,

M.D., D.P.H., D.S.Sc.,

Of Lincoln's Inn, Barrister-at-Law,

Lecturer in School Hygiene, Victoria University of Manchester.



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MEDICAL INSPECTION.

STAFF.

School Medical Officer:

MEREDITH YOUNG, M.D., D.P.H., &c.

Assistant Medical Officers:

× W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

JENNY C. KING, M.B., Ch.B.

MARY SHERIDAN, M.B., Ch.B.

R. J. CLARK, M.B., Ch.B. D.P.H.

Ophthalmic Surgeons:

IL NICHOLAS HUGHES, M.R.C.S., L.R.C.P., D.O.M.S.,
(R.C.P.S.)

CYRIL JACOBS, M.B., B.S.

School Dentists:

S. WHITWORTH, L.D.S.

S. O. STEWART, L.D.S.

H. R. PARRY, L.D.S.

E. S. BUTT, L.D.S.

LEONARD N. ALLEY, L.D.S.

A. L. HELY, L.D.S.

Health Visitors: 37.

Dental Nurses: 6.

Superintendent Clerk:

VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

I N T R O D U C T I O N .

*To the Chairman and Members
of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In presenting this Report to you there are only very few matters to which attention need be specially drawn. The service has grown considerably of late years and I think will compare favourably with any in the country. It always has been a disappointment that one cannot see the fruits of it. But it is only logical to assume that when the health and physical well-being of a child has been carefully watched for nine years of its life the ultimate result in the production of a better race must be there.

Everyone concerned has worked both loyally and sympathetically to make the very best of the scheme, and my thanks are due not only to my official Assistants, but to many unofficial persons and bodies for help which has always been given in a generous spirit.

Teachers and parents are more alive than ever in their interest in this work.

I wish to thank your Committee for the sympathetic consideration you have always given to any proposals for the betterment of the service that I have, from time to time, put forward.

I have the honour to be.

Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

MEREDITH YOUNG.

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER

for 1929.

Extent of Inspection.

The following figures shew the gross numbers of children inspected :—

				Number examined.
Code Group Inspections	}	Entrants...	... ..	... 6,553
		Intermediates	... ..	... 6,261
		Leavers ...	... ..	... 4,362
		Total	... ..	... 17,176
No. of other Routine Inspections				... .. 577
Special Inspections				... .. 6,568
Re-inspections				... .. 2,992
Grand Total				... 27,313

Co-ordination.

The administrative work, which concerns the health of school children from the time they are born to the time when they pass from the control of the Higher Education Committee, is now in one hand, and I am able to say that the arrangements which have been evolved as a result of many years' experience now work smoothly and efficiently:

Co-operation of Parents and Teachers.

The parents have shewn a growing interest in the routine inspection of school children and are coming to rely more and more on the work done for them by the County Education Committee. This is shewn in the reports of all the School Medical Inspectors and Health Visitors. The teachers, as always, have co-operated with all my Staff and have been of the greatest possible assistance. The Head Teachers have a large amount of clerical work falling on their hands, but they have cheerfully accepted their responsibilities and been of great use when special cases have had to be considered.

Hygienic Conditions of Schools.

With extremely few exceptions, any request for improvement of the sanitary condition of schools are put in hand by the Managers as soon as they are notified. Naturally, one cannot expect old schools to be up to quite the same standard as modern Council schools. If there is one point more than another which needs emphasising once again it is that cleanliness needs to be brought to the notice of the scholars a good deal more than it is at present.

The Findings of Medical Inspection.

(1) *Malnutrition.*

The reports under this heading show a reasonably gratifying state of affairs, as out of over 26,000 inspections only 113 were found to require treatment. Malnutrition is not an easy matter on which to offer an opinion as to causation. It may depend upon anaemia, debility following some infectious disease, some chronic source of infection, bad home conditions, insufficient sleep and under-nourishment. It is, of course, a condition which has to be put under treatment as early as possible, inasmuch as it prepares the soil for a number of infectious ailments, including Tuberculosis.

Looking on several years' averages one would put the proportion of under-nourished children at between two and three per cent. at the highest.

Infectious Skin Conditions.

Included in this group we have ringworm, scabies and impetigo, the last-named being undoubtedly the most prevalent condition, and is found to be the ailment desiring most treatment at the school clinics. Close upon 1,000 cases of this condition were found to need treatment during 1929.

The next skin ailment in order of importance was ringworm, where about 120 cases called for treatment.

Eye Diseases and Defects of Vision.

Under this heading Doctor F. Nicholas Hughes reports as under :—

“ The work during the year 1929 has proceeded very smoothly, and I would like to express my appreciation of the kind co-operation I always receive from the Head Teachers and their staff.

“ The demand for eye examinations is steadily increasing ; many parents bring their children to the various clinics before they actually start their school career in order to ascertain the state of the childrens' eyes.

“ The examination of the child before commencing school can thus be discovered and remedied.

“ I now attend the Hoylake and Runcorn centres on a fixed day each month, and the arrangement works admirably.

“ Parents know which day the Oculist attends and consequently can make arrangements to bring their children for the examination. Moreover, children with high refractive errors and eye diseases can be kept under systematic observation.

“ In the populous areas I am frequently asked by parents to examine their childrens' eyes, as they complain of headaches and other ocular symptoms after attending the cinema.

“ Some of these children have definite refractive errors requiring glasses for their correction, others, however, have perfectly normal vision. It is customary at most cinemas to hold a childrens' matinee on Saturdays and the admission price is greatly reduced. Some of the children must necessarily accommodate themselves at the front of the theatre.

“ I strongly deprecate children sitting too near the screen as there are several factors which will tend to cause eye strain and headaches.

“ The nearer one is to the screen the poorer is the definition of the picture, also distortion of the picture occurs and defects in the manufacture of the film are more evident.

“ The effect of 'dazzle' is enhanced and the posture adopted by the child is such that the head is thrown back and the lateral movements of the head have to be increased in order to follow the rapid movements of persons and objects on the screen.

“ I strongly advocate that at all childrens' matinees the cheaper seats should be debarred for school children.”

The following are the other conditions referred to in the reports received :—

Inflammation of the Lids...	...	...	342 cases
Defective Vision (excluding Squint)	...	...	3,082 „
Squint	...	...	518 „
Other conditions	...	...	128 „

“ The figure relating to defective vision is considerably higher than it has ever been in my experience, and one is at a loss how to account for it.”

The following remarks of Dr. Mary Sheridan are of interest :—

“ As before, one finds that defective vision is much more common among *girls* than among *boys*, though the difference in percentage is not so dramatic this year as in former years :—

	Boys.	Girls.
Average for 1929.....	8·6%	11·2%
1928.....	7·5%	11·2%
1927.....	7·4%	10·3%
1926.....	5·1%	11·9%

“ It would be interesting to know if this is due to some inherent disadvantage in girls, or to the fact that they are accustomed to use their eyes for close vision, for reading, sewing, etc., during their free time at home, whilst boys spend all their available leisure in outdoor games. Both sexes attend the cinema with enthusiasm and regularity.

“ Included in this section are two children (one boy and one girl) who had lost an eye as a result of accident.”

Ear Diseases and Defective Hearing.

“ Defective hearing is recorded in 139 cases, discharge from the middle ear in 99 cases, and other ear disease 40 cases, a total of 278. This cannot be set down as a high proportion.”

Nose and Throat.

Under this general heading we have a rather formidable record. 682 children were found to have enlarged tonsils, 311 were found to have adenoids, 699 were discovered to have both enlarged tonsils and adenoids, and there were 115 other defects found in the children examined. This gives us a total of abnormal conditions of the nose and throat amounting to 1,807. The number of cases that were treated for these conditions is alluded to in a subsequent part of the report.

Defects of Teeth.

During the routine inspections and special inspections made by the Assistant School Medical Officers, 1,273 children were found to have some dental disease. In addition to this, out of 31,490 children inspected by the School Dentists, no fewer than 19,574 were found to require treatment in one form or another, that is to say, a good many more than half of them.

A good many years ago I drew the attention of your Committee to the serious prevalence of dental defects, and you have gone a long way towards remedying this very serious matter. I think we are working on sound lines, but in order to completely cover all the children in all areas of the County we are still requiring two more School Dentists. I am glad to be able to report that both parents and children are realising the desirability of periodical inspection of teeth and subsequent treatment.

Heart and Circulatory Ailments.

Under this heading there are 143 definite cases of organic heart disease, and 34 of purely functional or temporary disease. Added to this we have 213 cases of anaemia. For cases such as these we do not, as a rule, advocate absence from school, recognising the fact that the heart is a muscular organ and must be exercised within reasonable limits in order that it may function properly. We are not always helped in this scheme of things by the family doctor, who very frequently prescribes a long period of absence from school. The Head Teachers are always advised by us on matters such as physical exercises which might throw an improper strain on a weak heart, and they loyally carry out our instructions. Given this precaution, I am of an opinion that it is better for the child affected to attend school.

Diseases of Lungs.

Of the ordinary conditions, such as Bronchitis, we have 168 cases of defect reported, not at all a serious figure. Under the heading of Tuberculosis, 35 suspected cases were referred either to their own Doctors or to the Dispensary.

Of Tuberculosis (non-pulmonary) 59 cases in all, chiefly involving glands, were reported for treatment. The majority of these have been dealt with in open-air schools and convalescent homes. A great many of them have received artificial sunlight treatment in addition.

Deformities.

Here we have 67 cases of rickets, 94 of spinal curvature, and 58 cases of other conditions such as flat-foot, club-foot, knock-knee, etc. Many of the cases of rickets have been treated in open-air schools, and the other forms have been treated at orthopaedic hospitals, after-care clinics, and by remedial exercises.

Dr. Mary Sheridan reports as under:—

“*Cripples.* (Other than Tubercular disease.)

Total.	Boys	Girls.
31 or .5%	16	15

“ Nearly all these cases were due to old Infantile Paralysis, though there were one or two from motor accidents and a few congenital deformities. I have noted the following:—

<i>Paralytic—Infantile Paralysis—</i>		Boys.	Girls.
Left leg (10 in irons) ...	...	8	4
Left arm and leg ...	...	1	—
Left arm and shoulder ...	...	1	—
Left arm ...	...	—	1
Right leg (4 in irons) ...	...	2	4
Both legs (1 in irons) ...	...	3	—
<i>Birth Palsy—</i>			
Right side ...	...	—	1
<i>Bones and Joints—</i>			
Right shoulder and elbow ...	...	—	1
Congenital dislocation (R. hip)...	...	—	1
Scoliosis (severe) ...	...	—	2
<i>Developmental Deformities—</i>			
Malformation right arm and hand ...	...	—	1
Double talipes (in irons)...	...	1	—
<i>Traumatic Deformities—</i>			
Amputation, right leg ...	...	1	—
Amputation, left leg ...	...	—	1

“ One other *girl* was interesting because she had a marked spastic gait, with weakness of the right side. She was six years old, her speech and mentality were normal. She had a very large square head, but whether it was due to rickets or hydrocephalus was difficult to determine. She was an adopted child and well cared for, but it was impossible to learn any history.

“ The crippled children in Cheshire are very well provided for. I doubt if our Orthopaedic Scheme is bettered in any part of the country. More provision for the *teaching* of cripples, however, is needed.

"Many of those noted above were examined in their own homes, who could have been in attendance at a special class, though they were unfitted to be allowed to join in the rather rough games that healthy children normally play amongst themselves in the playgrounds at infant schools. The need is not so pressing for older children, as they are so much more thoughtful and sensible.

"Very few of the above were untreated, and all of these were referred to the Medical Officer of Health. In one or two cases splints had been discarded on the parents' own responsibility. These parents were interviewed specially and the seriousness of their neglect pointed out. For the most part they are very grateful for the treatment that is provided. It is gratifying to think that only a generation ago most of these children would have been doomed to life-long crippledom, who now with care and patience are made to walk and run and use their arms like normal people."

Tuberculosis.

Dr. Mary Sheridan reports that the number below showed definite evidence of this condition. She goes on to remark:—

"Several were examined at home as they had already been excluded. Most of them were having treatment.

Total.	Boys.	Girls.
42 or 0·7%	26	16
(1928, 0·5% ; 1927, 0·4%.)		

"I have noted the following conditions (some children had more than one lesion):—

	Boys.	Girls.
Lungs	5	2
Peritoneum	4	3
Glands—without abscess formation ...	5	5
with	2	1
Bones and Joints—Spine (in jackets) ...	7	1
Hip (plaster or in irons)	3	1
Knee (in irons) ...	1	—
Metatarsal	1	—
Tarsal (in irons) ...	1	—
Skin—lupus	1	—

"One of the spinal cases, a boy with severe kyphosis, was wearing a small outgrown jacket. He had received no treatment since coming to Cheshire some time before. His mother said she was "waiting to hear from the Authorities." It had never occurred to her to visit a hospital or to seek information. His teacher was under the impression that

he attended a clinic. The case had never been reported to me previously. He was examined as an ordinary routine 'leaver.'

"Where attendance at the clinic had lapsed the parents were advised to return immediately. For the most part parents are so frightened of Consumption that they visit the D.T.O. or the Othopaedic Clinic with satisfactory regularity."

Mentally Defective Children.

Dr. Mary Sheridan reports as under on this class of child :—

Total.	Boys.	Girls.
87 or 1·4%	54	33
(1928, 1·2% ; 1927, 1·5% ; 1926, 1·6%.)		

"I have subdivided these, as before, into three groups. *Grade I.* (Feeble-minded) children who, though definitely defective mentally, were yet amenable to discipline and teaching, whose scholastic attainments, necessarily elementary, were yet shewing signs of improvement; and who, in the future may live happy and useful lives if suitably trained and kept under friendly supervision.

Total	Boys.	Girls.
55	36	19

"Notes on all these children are too long to quote. Particulars of real and mental age were kept in every case, and also as far as possible details of the family history. It is these higher-grade defectives who should, in my opinion, receive our first consideration since they are, to a large extent, educable. Moreover, as they nearly all marry later they should be trained to a sense of individual and national responsibility. One is often surprised (and edified) to find how much the teacher has managed to teach these children in spite of a hundred difficulties and disappointments, and how contented and busy they are kept in school. To the teachers of these children the highest credit is due. (See note on classes for backward children among 'Concluding Remarks.')

"*Grade II.* (Imbeciles). These are children of a lower level of intelligence who can be taught very little in an ordinary school, but who, for the most part, cause little trouble. They will probably be unable to earn their own livings but can usually be trusted to guard themselves against the common dangers of traffic, fires, etc. These children are happiest in some kind of home or manual training school, and are safest under supervision.

Total.	Boys.	Girls.
17	12	5

"All these children were seen *in school*, and presented many interesting features which are too various for description. None of them were really suitable to be in an elementary school at all, but (except in two cases) it was thought better to leave them there until some other accommodation could be found for them. They seldom give trouble although they are almost impossible to teach. Of the two excluded, one became too troublesome to manage and the other shewed evidence of moral deficiency also and so was considered unsuitable to keep among normal children.

"*Grade III.* (Idiots). These children have quite the lowest form of intelligence and might be said to be suffering from *Amentia*. All of them (except one mongol and one cretin) were seen at home, as even the parents realised they were too backward to send to school. Many of them had paralytic deformities also. They were nearly all examined at the request of the M.O.H. or of the local School Attendance Officer. Those of them who survive will later drift into mental homes or Union Hospitals. It would be useless to consider sending them to training schools, since as a class they are ineducable, and at any rate seldom reach adult life.

"In these cases one is filled with pity and admiration for the parents. Very often one sees a paralysed and speechless creature with a completely fatuous expression, who has to be washed and changed and fed like a baby, and who cannot even repay its parents by its affection, being cared for and cherished as if it were the most precious child on earth. When one remembers that the fathers are poor industrial workers and that the mothers slave from dawn until dark; that the child can never be left alone for one instant, day or night, and yet in spite of all this, that the child is seldom looked upon as a burden and that practically never do the people wish it to be sent away—one can only wonder and humbly admire.

"Unless these children are troublesome I think they are best left at home."

Clothing and Cleanliness.

Under this heading Dr. Mary Sheridan offers the following observations:—

"Faults of clothing were usually uncleanness and lack of repair. In some instances the clothing was very ragged, but most of these cases in my district are due rather to neglect than to extremes of poverty. It will often be found amongst the senior girls that the child who won the class needlework prize is the one with the untidiest clothing. The parents have not been trained themselves to be thrifty or tidy and so fail

to train their children. When garments are given to the poor by charitable people it is seldom that any attempt is made to adjust them to the size of the new owner. One can excuse the busy mother, but not the older girl who will not take the trouble to apply the skill she can on occasion display. No barefoot child was seen this year, though many had thin or broken shoes.

"Insufficient clothing is not common. I have noted only *one* case this year. This was a girl wearing only a cotton vest, petticoat and frock (no knickers). Her bigger sister (who was clothed adequately) told me the child had woolly knickers at home, but often "forgot" to put them on.

"Excessive clothing on the other hand is very common. I have noted the following cases of gross overclothing:—

Boy.—8 layers (mostly wool).

Boy.—5 jerseys and woollen scarf crossed over chest, as well as shirt.

2 girls.—6 layers (4 wool, 1 cotton, and frock).

Girl.—9 layers.

Girl.—12 layers.

Boy.—I noticed this child sitting in class, near the fire, wearing a coat and perspiring heavily. I undressed him for interest's sake. He wore:—(1) thick woollen combs; (2) a wool jersey; (3) a thick grey flannel shirt; (4) a wool jersey; (5) another wool jersey; (6) still another wool jersey; (7) a thick nap overcoat lined throughout; (8) a wool scarf wound twice round his neck, crossed over the chest and pinned at the back. I might add that like all these overclothed boys, in spite of these layers on his *chest*, his legs were covered only by thin trousers, wide open at the knees.

"The only way to rectify this sort of thing is, in my opinion, to *teach* the parents. Notes were sent home in every case.

"Cleanliness.

Total.	Boys.	Girls.
426 or 7·5%	32	394

"These figures principally represent uncleanness of the *head*. The *Body* is usually bathed in preparation for my visit. The numbers for girls are consequently much larger than for boys. The percentage of uncleanness amongst *girls only* is 14·2%—(1928, 15·5%; 1927, 14·4%). The numbers vary from area to area and from school to school. For instance, the percentage in Ellesmere Port—22·2%—is

still well above the average for the rest of the Division—last year 21·8%. The country schools, on the whole, are cleaner than town schools. The Headmistress can help considerably in this matter. Notes were sent home in every case.”

Health Teaching.

Dr. Mary Sheridan offers the following observations on this important subject for your consideration :—

“ There are still schools where hygiene has no place on the time table. Health habits are certainly being better taught, but more than this is needed. The girls, especially, should receive more instruction in housewifery, cooking and mothercraft than is at present allowed. If the school age is raised perhaps these matters will receive attention. From my observations on the mentality of Elementary children I would suggest that by the age of eleven it is usually fairly obvious whether the child is likely to benefit by further scholastic training, and if it is decided that the mental age is never likely to be much more than twelve it would be better for the children as well as for their possible families, to accentuate upon the teaching of practical and domestic subjects, citizenship and hygiene rather than upon academic subjects. Those who shew promise of being scholastically inclined could be drafted into Central or Secondary Schools, but even there they should continue to study hygiene in all its branches as I have previously suggested.”

Classes for Backward and Crippled Children.

Dr. Mary Sheridan's remarks on this subject deserve attention.

“ Special classes for mentally backward children are urgently needed where they could have more individual attention than is possible in the ordinary school. In the larger areas—New Ferry, Ellesmere Port, West Kirby, Neston—selected children from the various schools might be combined to form one class under a specially-trained teacher. An interesting experiment in a Neston school (Council)—where a special class was formed last year—shewed how much more rapidly dull children can improve with special teaching than is ever possible in the ordinary classes. A class for *dull* children might be instituted with advantage in every school, but for those who are actually *mentally defective* the need is urgent.

“ The crippled children present another problem. It is not always safe to permit them to return to school (especially if they are in the Infants' Department) wearing

irons, spinal supports, plasters, etc. In *class* the desks are sometimes unsuitable to accommodate their splints, and where schools are crowded there is usually not enough room for them to get in and out of their places comfortably. In the *playground* they are in constant danger of being knocked down or hurt by their normal companions, and this applies not only to play time but to the dinner time, and before and after school. When the next new school is being built it would perhaps be possible to include a 'cripple centre,' just as now cookery and handwork 'centres' are built on. There should be no stairs, single desks should be provided, and at least twice the usual space between desks should be allowed. If possible a mid-day meal should be served in school. In those areas where Orthopaedic Clinics are at present in action the cripple centre might be built near by so that massage, exercises, etc., could be arranged for during school hours."

Special Examinations.

Under this heading Dr. Mary Sheridan has some interesting remarks to make:—

"*Swimmers*.—656 children—373 boys and 283 girls—were examined in the New Ferry and Hoole areas for certificates of medical fitness in regard to swimming classes held during school hours. I considered it advisable to make some rigid rules to govern the admission of these children to the swimming classes. The principal one was that no child should be allowed to take swimming *during school time* (i.e., within the County Authority's responsibility) whose examination had not been recorded by me, or had not brought a written certificate of fitness from their own doctor. The Head Teacher in this way is freed from a serious anxiety. Moreover, a large number of children are seen for this reason who have previously always been withdrawn from Routine Medical Inspection (see note below), and some urgent and interesting cases have been discovered. Rules of exclusion were made (a) to safeguard the child's own health, and (b) to safeguard the health of other children. The following were, therefore, excluded:—

(1) <i>Permanent Exclusion</i> —				Boys.	Girls.
Cardiac lesions	...	...	...	2	2
Anaemia	...	...	...	1	2
Chronic (severe) Bronchitis	...	...	...	—	2
Debility...	...	...	...	—	1
Large scald of neck	...	...	...	1	—
(This season only.)				—	—
				4	7
				==	==

(2) *Temporary Exclusion—*

Uncleanliness of head...	...	...	—	22
Impetigo	...	...	5	2
Severe oral sepsis	...	...	1	2
Ringworm (skin)	...	...	1	—
Scabies	...	...	—	1
Otorrhoea	...	...	—	1
Acute tonsillitis	...	...	—	1
Mild bronchial catarrh	...	...	1	—
Burn of chin	...	...	1	—
Cut of chin (stitched)	...	...	1	—
			10	29
			==	==

"It will be seen that most of those temporarily excluded suffered from conditions that would have polluted the water, and so have encouraged disease (notably otorrhoea) in healthy companions. The Head Teacher in each school was given a list of these children, and when he was satisfied that the condition was cured they were allowed to rejoin the classes.

"*One instructive case* in this group was a boy who was found to have a serious Mitral regurgitation. He had always been withdrawn from Routine Inspection and the heart condition had never been suspected in school. The condition was so serious that I went round to the child's house so that I might myself interview his mother. It was only with the greatest difficulty that I persuaded her the boy's heart was badly damaged. About three months later the child died quite suddenly. One trembles to think that his death might easily have occurred in the swimming bath had not a medical examination been made.

Reports of School Dentists.

The following reports have been submitted to me and show in detail the work which has been carried out in this connection.

Mr. Leonard H. Alley, L.D.S. :—

"During the past year I have increased my number of inspections by 1,348. There are 84 different departments in my area, and of these I have included 72 in the annual routine inspection work. It is difficult to add the remaining 12 schools immediately, as I am continually taking on new age groups. However, I still hope to work all these schools in gradually.

" It will be seen that, although the number of inspections has increased by 1,348, the number of children requiring treatment has increased by 160 only. This is, I consider, a very promising outlook.

" Of the 3,982 children marked for treatment I received 2,263 acceptances, the remainder being marked 'private dental treatment' or refusals. The number of refusals could be greatly reduced if one had more time to attend to them. For instance, I had marked in one school 138 for treatment, I received 78 acceptances. As an experiment I spent a whole morning interviewing each child whose card was not signed, and with the very able assistance of the Head Mistress, Miss Quirk, of the R.C. School, Runcorn, we reduced that number of refusals to 5.

" It seems that children from the ages of 9 to 12 years develop their 'fear complex' to such an extent that they bring pressure to bear on their parents not to sign the treatment card. After talking to these children they will admit that they have never been really hurt, and I can only put the cause down to a natural development of 'fear,' which I should define as the growth of an impulse which is responsible for caution, forethought and prudence. The only way to overcome this fear is by little personal talks, teaching the child about himself, and so enabling him to change his state of mind from chronic fear to normal and health-promoting faith. All this takes time, and so far I have only been able to interview these children in occasional schools.

" The Head Teachers do their utmost to help, and in most cases show a keen interest in the work.

" The children themselves are wonderfully brave little patients.

" I feel the work is intensely interesting, especially the visiting of the schools where the good results of past work is manifested."

Mr. H. R. Parry, L.D.S. :—

" It is a great satisfaction to realise that the Dental work is increasing and finding favour not only with the teachers and school children, but also with the parents.

" At the opening of the new clinic at Ellesmere Port in July, 1929, I explained in a short talk to the mothers the School Dental System, and emphasised the importance of the parents always giving consent for the children to be treated by the Dentists; we also gave a Dental exhibition later, and

not only did all the mothers attend, but were very keen and interested and asked numerous questions. The result was that, out of the 2,211 children inspected in the Ellesmere Port District, the number of acceptances increased considerably.

"During the latter part of the year I visited the Middlewich and Winsford Districts, these schools had not been visited for a few years, and it was very noticeable that the percentage of children requiring treatment was very much higher than in the districts which are visited annually, also the number of acceptances was very much lower. This, I have discovered from experience, is usually the case, but I hope for a big improvement in the future.

"As usual we found the Head Teachers anxious to have the children's teeth attended to, and they gave every assistance to carry out the treatment."

Mr. S. Stewart, L.D.S. :—

"I beg to report as follows on the work carried out in my areas of Congleton and Nantwich.

"During the year 69 schools have been visited. Out of a possible 6,587 children in the age groups of 5 to 12 years, inclusive, 5,830, or 88%, have been inspected.

"From among the number of children inspected, 3,042, or 52%, were selected for treatment.

"This percentage is still very high, but could be lowered considerably if a scheme of daily toothbrush drill were incorporated in the school curriculum. This would help to preserve the dental work already done for the children, and it would also prevent decay in the sound teeth.

"From among the number of children selected for treatment, 1,574 or 51%, were treated.

"The families in these Rural areas are still backward in taking advantage of the dental scheme, but they have not the enlightening influences which proximity to large towns and cities induces, as is the case in other areas of the County. Hence it is impossible to compare areas with any degree of fairness.

"I have delivered lectures to the children in many schools during the year. This, of course, takes time, but I think the interest of the children is aroused, and it is, therefore, time well spent."

Mr. A. Francis Heley, L.D.S. —

" In compiling this report I am faced with two difficulties, the first being that I have not completed a full year's work (my appointment with the Cheshire County Council dating from May, 1928), the second that I have no personal records from previous years to draw on for comparisons.

" The percentage of children found defective in the course of examinations appears high ; but when one considers that a child found to require a scaling, a filling, or a simple temporary extraction, constitutes a ' defective,' the figures are not quite so startling.

" The acceptance figures show that about 40% of the children examined refused treatment. This figure I hope to lower considerably during 1930. I have, during the year, visited nine schools where the children have not previously been examined by a dental surgeon. As the schools in question are, in the main, small village schools, and my visit to the district consequently of short duration, I have not had the opportunity of trying to overcome any reluctance shown by parents to accept treatment for their children. I have, however, perfect confidence that the advertisement given by parents who did consent to treatment, will send up these particular numbers, during 1930. These visits to new schools increase the number of periods spent on inspections, as records have to be made for each child. My inspections in schools not previously visited have embraced every age group. This has been necessary to avoid undue waste of time, because in many of the smaller schools the numbers on the registers are very low.

" A comparison of extractions with fillings shows that roughly five times as many teeth were extracted as were filled. This is due to the fact that in many cases the children for whom the operations were performed had never been seen by a dentist since birth, and as the age groups take in all ages it is not uncommon to find numbers of children aged 13 and 14 who have never had dental treatment of any description.

" I have to place on record my appreciation of the help and kindness of the teachers in the various schools which I have visited, as I have found, without exception, an earnest desire to assist me in the performance of my duties."

Treatment of Defects.

Minor Ailments :—

Under this heading, which covers quite a number of ailments, such as skin diseases, small eye and ear defects, small

injuries, bruises, sores, etc., no fewer than 2,522 children have been dealt with under your Authority's Scheme. 337 have been dealt with otherwise, that is, by private practitioners and at out-patient departments of hospitals. This gives us a total of 2,059 minor defects treated during the year.

Defective Vision.

Under your Authority's Scheme 3,059 children have had errors of refraction and other defects of the eyes dealt with. Under private practitioners or at hospitals 269 children have been dealt with, giving a total of 3,328. Under our scheme 1,596 children had spectacles prescribed for them, and out of this number 1,191 obtained spectacles at very much reduced prices.

Nose and Throat Defects.

This branch of the treatment work has been increasing year by year, and under your scheme 1,044 children have received operative treatment, and 123 have received treatment outside your Committee's scheme. This gives a total of 1,167 children who have been treated for defects of nose and throat. In addition to these, 307 have received other forms of treatment. The grand total of children treated for these particular defects thus amounts to 1,474.

Dental Defects.

I have alluded to the children found to have defective teeth, and it only remains to be recorded that out of this number 11,054 actually were treated by your Dental Staff. The number of attendances made by children for treatment was 13,749. The treatment included 25,734 extractions, 7,095 fillings, 1,637 silver dressings, 596 scalings, and 325 gum dressings. No general anaesthetics were administered for extractions.

Uncleanliness.

Each of your School Nurses makes a number of visits to the schools in her area according to what her experience has shown to be necessary. Some schools in the industrial areas are visited more than others. The average number of visits per school per annum for this purpose is six.

During 1929 the School Nurses examined 156,495 children. The number of children found to require attention was 3,271. No legal proceedings were taken and no children had to be cleansed under arrangements made by the Local Education Authority.

The National Society for the Prevention of Cruelty to Children have been most helpful in following up cases not only under this heading, but in a number of other ways. I should like to record my thanks to this Society for much valuable assistance always very willingly given.

Physical Training, 1929-30.

With the introduction of the 1919 Board of Education Syllabus of Physical Training, the chief work in the organisation of physical training in the County Elementary Schools was to secure the correct working of the formal exercises and to ensure regular, systematic and progressive instruction in all classes. With this object in view, it was necessary to afford opportunities for teachers to become more intimately acquainted with the subject, and Teachers' Classes of Instruction were held in various centres in the County during a number of years. At these classes the theory of the work was chiefly dealt with, especially as regards methods of teaching, commanding, correction of faults, etc., and the more thorough understanding of the general principles of physical training was made evident in the greatly-improved standard of work in the schools. Until teachers become better acquainted with the fundamental principles of the Syllabus it was not possible to devote the necessary time to the development of special features which were given prominence in the syllabus, such as the team system, organised games, swimming and dancing. Classes held during the past year have been devoted to these special activities and have proved very successful.

Organised Games.—The development in the organisation of games must necessarily be slow, and organised games are still a weak feature of the general scheme of physical education. Assistance has been given to many schools by the provision of playing fields, but, unfortunately, there are some schools which have not yet been able to secure such facilities. Thorough preparation and organisation of games period is essential. It has been observed that time is often wasted after the classes arrive at the field because definite arrangements with regard to teams, numbers, etc., have not been settled before leaving school. In senior classes these details could be profitably arranged by the team leaders; successful team work cannot be carried out unless the team leaders receive adequate training and are allowed to realise their responsibilities. A portion of the time allowed for general activity work in the ordinary physical training lesson can be employed with advantage in practising the fundamentals of the technique of games such as ball-throwing, catching, passing, etc., and the marking of and breaking away from an opponent.

No games should be played without adequate marking of the ground, and while it is realised that full marking for some games presents a difficulty in many fields, it should always be possible in playgrounds. In this connection, it might be noted that the number of playgrounds with permanent markings for games is steadily increasing, and the advantages of this arrangement have been fully appreciated by the teachers.

Swimming.—The steady progress reported last year has been fully maintained. In all districts where facilities for swimming instruction exist much enthusiasm has been shown, and the results of the season's work are very encouraging. There are, however, several populous districts in the County where no facilities are to be found, and there is no doubt that the provision of swimming baths would be welcomed, and full use made of them by the schools in the neighbourhood. The number of children who attend the baths increases each year, and last year 4,408 boys and girls received a course of swimming instruction, gaining 288 of the County first-class certificates and 840 second-class certificates. As teachers have gained experience in modern methods of instruction, it is now possible to give full attention to beginners and at the same time employ the more advanced pupils in preparation for life-saving work. Teachers in some districts have attended classes and gained various awards of the Royal Life Saving Society. The practical experience thus gained has naturally resulted in a higher standard of work in the schools, and the following table shows the number of awards of the R.L.S.S. gained by boys and girls during the past few years:—

	Hon. Instructor's Certifi- cates.	Hon. Teacher's Certifi- cates.	Bronze Medal- lions.	Profi- ciency Certifi- cates.	Flemen- tary Certifi- cates.	Total No. of Awards.
1925.....	—	—	9	9	—	18
1926.....	2	—	13	27	6	48
1927.....	5	—	6	35	72	118
1928.....	2	—	24	51	106	183
1929.....	3	3	23	77	106	212

In this connection, the following extract from the annual report of the Royal Humane Society is of interest:—
 “Although the summer of 1929 was dry and warm and bathing more general, the cases dealt with were fewer by 50 per cent. than in 1928, this being primarily due to the instruction in schools in swimming and life saving.”

In the Altrincham and Sale districts the action of the local baths committee in granting free passes to the baths to all scholars who gain the Proficiency Certificate of the R.L.S.S.,

is much appreciated, and is having a very encouraging effect on the work in those districts.

Folk Dancing.—This branch of physical education, which has shown great progress during the past year, now forms part of the physical training scheme in the majority of schools. There has been a considerable increase in the number of teachers who have attended classes of the English Folk Dance Society or classes conducted by the authority at various centres in the county. Many of the musical festivals now include sections for folk dancing in their programmes, and many schools enter teams with conspicuous success. The adjudications given at these festivals are of great help to the teachers and assist in the production of a good standard of dancing. In a number of schools gramophones are used with success for the accompaniment of the dances, and it is pleasing to record that where organisation permits, boys and girls are taught together. The increasing interest in this work has had the effect of improving footwear, but more might be done in this direction in the ordinary physical training lessons.

Camping.—The first school camp for boys of the County Elementary Schools was held at Staithes, on the N.E. Yorks. coast, during Whit-week, 1929. Applications for the camp were confined to boys of the Sale, Altrincham and Northwich districts, and it was first intended to limit the party to 100, but so numerous were the applications that the party was increased to 150, and even then it was found impossible to include in the party all boys who wished to attend. The boys were accompanied by nine masters from the schools, the whole party being in charge of Mr. J. B. Hall, County Inspector of Physical Training.

The week in camp was spent chiefly in making excursions to various places of historical interest and natural beauty, while a considerable time was spent in playing games on the playing field and the sea shore.

The whole stay in camp was favoured by excellent weather, which enabled everyone to spend the whole of the time in the open air. The health of the party was also excellent.

The week's holiday proved that there is a great desire on the part of boys for holidays of this type, and parents are most willing to co-operate; teachers are also anxious and willing to assist in the organisation of camping holidays, and similar arrangements for holidays in the future will undoubtedly meet with success.

M. ALTHAM,
JOSEPH B. HALL,

County Inspectors of Physical Training.

May, 1930.

Secondary Schools.

Defects Discovered.

During the year under review 1,667 children were examined at different ages from seven to eighteen years, namely, 1,893 boys and 1,774 girls. The largest number of examinations was at the ages of 11 and 12, when 681 children were examined.

The principal defect discovered in these schools was defective vision or squint, where we have 183 cases reported. The next largest item was defects of teeth, where 138 children were reported to require attention. Flat-foot and other deformities were reported, where we have a total of 212 children suffering from curvature of the spine, round shoulders and flat feet. I append the observations of Dr. Mary Sheridan on these points. The only other point which calls for comment here, is the rather high incidence of anaemia and other forms of circulatory disturbances.

Treatment.

Out of the 183 children reported as requiring treatment for defective vision or squint 165 actually received appropriate treatment. Of the 138 children requiring dental treatment 115 received it. Of the children requiring treatment for deformities, 194 were dealt with by one agency or another.

The following is an extract from the report of Dr. Mary Sheridan on the girls she has examined in these schools:—

Secondary Schools.

*“ Clothing.—*Gymnasium dress is worn as uniform in all the schools. It is eminently a most suitable costume for school girls, but it looks neat and pretty, and allows for perfect freedom of movement. The underclothing is not always quite so suitable; however. Excessive clothing is rarely seen, but the older girls are inclined to go to the other extreme and to choose flimsy artificial silk vests for winter wear, while two of the intermediate group were (in my opinion at least) distinctly underclad. One wore nothing beneath her white cotton blouse but a knitted vest with thin shoulder straps, and the other, in addition to a pair of cotton knickers, wore only a sleeveless cotton chemise. In these children's cases their insufficiency of clothing was not due to poverty but to a mistaken idea that the fewer the garments they wore the harder they would become. An attempt to carry this maxim into practice during biting, or foggy, weather in November and December may be courageous, but it is scarcely wise, especially for growing girls. A note concerning shoes follows among the remarks on flat-foot.

" *General Condition.*—Subnormal general health was seen in 9% of the children examined. The thin, pale, nervous, excitable type of girl is too frequently seen in the secondary schools, especially in the higher classes where the pupils are studying for examinations.

" Of the anaemic girls, one admitted to staying up very late, and the others were suspected of it. None of them had haemic murmurs. Two had recently been ill. It is difficult to know what to advise in cases like these, beyond general tonic treatment, early bedtime, etc. This type of child is usually over-anxious to study, all her tastes being 'indoor,' as it were. She wants to make the best of her scholarship in order to succeed later in some profession. If not watched she will try to do all this on the minimum of food and sleep. (These girls nearly always have poor appetites.) While the existing conditions of early examinations, indulgent parents, and insufficient Health Teaching continue, this state of affairs will probably continue."

Defective Vision.

" Total incidence of defective vision, $62=15.6\%$. Subnormal vision remains the most common defect found in secondary schools. Of the cases seen, 41 (or 10%) were already wearing spectacles, while 21 (5%) had received no treatment. Many of these were not aware of their deficiency until they were shown the difference between their near and far vision and that of their normal companions. They were all advised to seek expert advice. Those already wearing spectacles were instructed as to the necessity for regular visits to their oculist, which are especially necessary for those girls who wish to follow one of the learned professions later.

" The problem of *severe myopia* amongst secondary girls remains an anxious one. I have notes of 10 cases where the girl *without* her glasses could only see 6.60 combined. All of them had been treated. Some were exceedingly well corrected.

" Nearly all these girls informed me that they were entering college or university immediately on leaving school. All of them admitted that their favourite hobby was reading. It seems as though myopic people instinctively chose types of work and recreation that fall within easy range of their vision. Only one girl had decided to take up agricultural work. For her, I think anything else would have been impossible.

" It is difficult to advise in these cases. They were told of the dangers of reading in weak light, of poor print, over-

strain, etc., and were recommended to see their own oculists before making a final decision upon their future work.

" *Teeth*.—The teeth of secondary schoolgirls are in far better condition than those of the elementary children. This is due to better health habits, and more continual supervision by the family dentist. 31 girls, or 7·9%, had 3 or more teeth carious. (Elementary children, 12·3%.) Of these I have noted that 3 had 5 decayed and 1 had 8 carious.

" In addition, 41 had 2 decayed, 39 had 1 decayed, and 5 had very irregular teeth. So that 70·9% had perfectly healthy sets (although, of course, some of these had 'stopped' teeth). This is less than last year's 73% and 1927's 83%.

" No case of pyorrhœa was seen, and only one of neglected teeth. But, although the teeth are brushed regularly each morning, many are ignorant that the night brushing is more important, and several admitted that they only use the 'to-and-fro' movement in brushing, and never brushed 'down and up' from the gums as they should. Moreover, when carious teeth were present it was nearly always because the girl did not realise the danger of neglecting to have them removed or filled. More knowledge on this subject is certainly needed.

" *Rickets*.—5 cases of rickety deformity were noted. *i.e.*, 1·3%—chest, 2; bow legs, 2; chest and spine, 1. 4 of these, although definite, were slight. The fifth case has a very marked pigeon chest, and the girls gave the usual history of frequent attacks of bronchitis in winter. Rickety manifestations in the children of well-to-do parents must be due to ignorance on the part of a young mother on the subject of correct feeding.

" *Postural Deformities* (without organic disease).—As usual, these are of frequent occurrence. I have noted this year:—

	No.	%
Postural scoliosis ...	18	= 4·6
Postural lordosis ...	13	= 3·3
Round shoulders ...	44	= 11·1
Flat foot ...	76	= 19

i.e., 38·1% (of defects) Total 151

" This number indicates the *incidence* of postural deformities, and the actual *number* of girls showing them is less than 38%, since many of them had two or more postural defects

at once. Loss of tone in one set of muscles is nearly always associated with loss of tone in other sets. Hence, when a thin, round-shouldered, narrow-chested girl presents herself for inspection, one immediately looks for flat feet and curvature of the spine also—and usually finds them. 25% would probably be a more correct figure for the *actual* girls affected. But this is still distressingly large.

“Postural Scoliosis.”—The commonest form is slight curvature to the *right* in the mid-dorsal region (probably due to right-handedness) and a compensatory curve to the *left* in the lumbar. All the cases of scoliosis in this group were reduced on stretching the spine (unlike that classed among the rickety deformities where the curve remained evident). Only two were associated with high myopia, and both of these were well corrected, so that the defect of vision could hardly be held responsible. The school furniture used in the county secondary schools is designed to meet the pupil's requirements as nearly as possible, so that the desks and chairs are not to blame. The most probable cause of scoliosis at this age is, I think, too rapid growth with consequent ‘flagging’ of the muscles, insufficient rest, and insufficient *preventive* exercises and knowledge. (See note on Health Teaching later.)

“Postural Lordosis.”—This is found most commonly in the younger children, while scoliosis is more frequent in the adolescents. It exists usually as an exaggeration of the normal curve forwards of the lumbar spine in thin and weakly children. When asked to ‘stand up straight,’ the younger girl nearly always stiffens the shoulders, hollows the lower spine and protrudes the abdomen; in these children this attitude is very pronounced and is often associated with round shoulders, which emphasises its appearance.

“Round Shoulders.”—These, too, are all too frequently seen, and are usually associated with narrowed, flattened chests, so that chest expansion is lessened (this is quite obvious, and is borne out by the chest measurements during inspiration and expiration which are taken as a routine in secondary schools), and the girls usually complain that they suffer from constant winter colds. In a few cases the round shoulders may have been due to old nasal obstruction, but in most the condition comes, I think, from faulty posture while studying. If the girls are taught to sit straight while reading or writing instead of crouching in a ‘humped up’ position over their books, and not to have too many pillows in bed (another inducement to faulty position of the spine), and to practise preventive exercises, I do not think we should see so many cases. Those who read or study for long hours, sitting

in an armchair at home should also (I think) be encouraged to use a book rest. I have often noted that the child reading in an armchair soon gets tired of holding up her book and supports it on one of the arms. She must then twist herself up into a knot in order to read the page. Straining to read in a poor light, or trying to overcome an actual defect of vision are also contributory causes.

"Flat Foot."—This is the commonest of all the postural deformities, and one which can give considerable trouble later when the girl starting to earn her own living has to stand for long hours in schools, hospitals, universities, post offices, or even at home. Why it should be so common in adolescent girls it is difficult to say. Three factors, I think, contribute :—

- (1) There is frequently an inherited tendency, as I have noticed several cases occurring in the same families.
- (2) The rapid increase of weight at puberty puts an extra strain on the arches, that are
- (3) Already weakened by the wearing of incorrect shoes (see note later).

"Pain and swelling in the foot accompany the falling of the arch. A completely flat foot is usually painless. For this reason, it has been argued that a falling arch might as well be allowed to become complete. But anyone who knows how ugly flat feet look, how 'springless' they are, and how hopeless it is to get shoes that will wear at all serviceably, will agree that every effort should be made to rebuild the arch from the moment the first signs are noticed.

"All girls suffering from postural deformities were referred to the gymnastic mistresses. These ladies have been extremely interested in the work, and have given me much valuable information on points that otherwise would never have occurred to me."

Health Teaching.

"Concluding Remarks."—A considerable amount of interest has been taken in remarks on this subject (and on the following section) reprinted from our report of last year in the general press, but so far little has been done actually to include Health Teaching in Secondary Schools. At the risk of appearing fanatic on the subject I must repeat that, in my opinion, we can never have a first-class nation until we educate our secondary school girls (the mothers and teachers—and voters—of our next generation) to understand and safeguard their health. At present hygiene, which is perhaps the most neces-

sary subject on earth, receives little or no attention in the secondary school. Other subjects that have to be passed in school-leaving examination are given their due consideration, not perhaps for the sole reason that they are suitable for mental exercise, but for this examination reason. If hygiene were made obligatory for all school examinations (and considered properly, it should be quite as good a mental exercise as any other science), it would soon have to be accorded a place on the time table. At present, the elementary schools in Cheshire are more progressive in this respect than the secondary schools are. With regard to postural deformities, it would be as well if all children at the drill lesson were shown suitable *preventive* exercises, told the reason for them, and encouraged to practise them at home. This would perhaps lower the percentage of deformities that have to be *corrected*.

*“ Indoor Shoes.—*It has been the custom in most of our secondary schools for the girls to wear gym. shoes as uniform *all day* in school. In my opinion they are very unsatisfactory for constant wear, since they give no support to the arches of the foot (and so tend to encourage flat foot). Moreover, since the soles are very thin they are too cold in winter time, and in summer are too hot, because the rubber does not allow for adequate ventilation. The reasons usually given for their use are, firstly, they are inexpensive, and secondly, they are noiseless. But good leather slippers can be obtained quite reasonably nowadays, and are cheaper in the long run because they wear three times as long, and they need not be unduly noisy if they possess rubber heels—preferably shaped to the leather heel. I have been interested to see that the manufacturers are now making slippers with elongated heels that are suitable for young school children and others, in which the arches are reinforced with light steel supports for older girls. Two or three of the headmistresses have already agreed with us on this subject of school slippers. I think it would be advisable to recommend that all the schools discontinued the use of plimsolls—except, of course, for drill and games, for which they are eminently suitable.”

*“ Examinations.—*I hesitate to express my opinion on these last two subjects because I have been told that they lie outside my province, and I know many hold views opposite to mine, but I would like to report the result of observations I have made under these heads, and the conclusions I have been obliged to draw from them. I do not think girls should be allowed to sit for any school-leaving examination before the age of sixteen at the very earliest, and preferably seventeen. The thin, anaemic, nervous, excitable girl is found far too

frequently in the upper classes, where they are preparing for examinations. She is so anxious to succeed that she is apt to sacrifice everything to her ambition—sleep, recreation, even food and exercise—and this is at a time when she requires all her reserve strength just to develop. If in adolescence she recklessly expends her energy, she will certainly suffer for it later. My observations show that the kind of home the girl comes from makes little difference in this matter, evidence of nervous instability was found equally in girls living in the residential district of West Kirby (a health resort), and those who had won scholarships from the poorer industrial areas. This proves, in my opinion, that the one factor they all had in common—overstudy—was probably to blame.

“Homework.”—This is another subject of contention. The teachers say the girls are instructed not to spend more than an hour at homework; the girls say they can't go to bed early because their homework takes so long. Few of them have any time for recreation at night. Those who have long train journeys are not able to *start* their work until seven, eight o'clock, or even later, and these are the very girls who must rise earliest in the morning. I suppose it is impossible to abolish homework altogether, but I have wondered if written work, *at least*, might not be eliminated, and only the easier ‘reading up’ of various subjects allowed at night.”

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.

(A.) Routine Medical Inspection.

Number of Code Groups Inspections—			
Entrants	...	...	6553
Intermediates	...	...	6261
Leavers	...	...	4362
Total			17176
Number of Other Routine Inspections			577

(B.) Other Inspections.

Number of Special Inspections	...	*6568
Number of Re-inspections	...	2992
Total		9560

* This figure includes examinations by Doctors at Eyesight and Minor Ailment Clinics, examinations as to suitability for open air swimming and for Employment Certificates.

Table II.

(B.) Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups--			
Entrants	6553	1575	23·0
Intermediates ...	6261	1495	23·0
Leavers	4362	931	21·0
Total (Code Groups) ...	17176	4001	23·0
Other Routine Inspections	577	127	22·0

Table II.

(A.) Return of Defects found by Medical Inspection
in the year ended 31st December, 1928.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects requiring Treatment.		No. of Defects requiring Treatment.	
MALNUTRITION	102		11	
UNCLEANLINESS	768		100	
SKIN—				
Ringworm—				
Scalp	19		73	
Body	1		60	
Scabies	14		48	
Impetigo	110		895	
Other Diseases (Non-Tuberculous)	66		189	
EYE—				
Blepharitis	178		164	
Conjunctivitis	15		33	
Keratitis	—		18	
Corneal Opacities	5		62	
Defective Vision (excluding Squint)	1299		1733	
Squint	65		453	
Other Conditions	8		120	
EAR—				
Defective Hearing	120		19	
Otitis Media	83		16	
Other Ear Disease	3		37	
NOSE AND THROAT—				
Enlarged Tonsils only	484		193	
Adenoids only	231		80	
Enlarged Tonsils & Adenoids	541		158	
Other Conditions	101		14	
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	53		11	
DEFECTIVE SPEECH	54		17	
TEETH—Dental Diseases	1224		49	
HEART AND CIRCULATION—				
Heart Disease—				
Organic	123		20	
Functional	26		8	
Anæmia	187		26	
LUNGS—				
Bronchitis	125		8	
Other Non-Tuberculous Disease	30		5	
Pulmonary—				
Definite	—		—	
Suspected	25		10	
TUBERCULOSIS—				
Non-pulmonary—				
Glands	17		6	
Spine	1		—	
Hip	1		—	
Other Bones and Joints	5		1	
Skin	1		1	
Other Forms	20		6	
NERVOUS SYSTEM—				
Epilepsy	5		2	
Chorea	5		2	
Other Conditions	7		1	
DEFORMITIES—				
Rickets	63		4	
Spinal Curvature	89		5	
Other Forms	51		7	
OTHER DEFECTS AND DISEASES	349		56	

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(1) Suitable for training in a School or Class for the totally blind ...	Attending Certified Schools or Classes for the Blind ...	13	3	16
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	4	5
	(2) Suitable for training in a School or Class for the partially blind ...	Attending Certified Schools or Classes for the Blind ...	1	3	4
		Attending Public Elementary Schools ...	17	19	36
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	1	6
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb ...	Attending Certified Schools or Classes for the Deaf ...	15	11	26
		Attending Public Elementary Schools ...	1	1	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	2	4
	(2) Suitable for training in a School or Class for the partially deaf ...	Attending Certified Schools or Classes for the Deaf ...	4	4	8
		Attending Public Elementary Schools ...	12	11	23
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
MENTALLY DEFECTIVE.	(1) Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children...	20	10	30
		Attending Public Elementary Schools ...	184	140	324
		At other Institutions ...	—	—	—
		At no School or Institution ...	21	16	37
EPILEPTICS.	Suffering from severe epilepsy .	Attending Certified Special Schools for Epileptics ...	5	1	6
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	2	1	3
		At no School or Institution ...	3	2	5
	Suffering from epilepsy which is not severe ...	Attending Public Elementary Schools ...	23	19	42
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Infectious pulmonary & glandular tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	14	10	24
		At other Institutions ...	—	—	—
		At no School or Institution ...	8	10	18
	Non-infectious but active pulmonary and glandular tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	9	16	25
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools...	43	27	70
		At other Institutions ...	—	—	—
		At no School or Institution ...	13	15	28

TABLE III.—continued.

		Boys. Girls. Total.			
PHYSICALLY DEFECTIVE.	Delicate children (e.g. pre- or latent tuberculosis, malnutrition, de- bility, anæmia, &c.) ...	At Certified Residential Open- Air Schools ...	23	14	37
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	326	453	849
		At other Institutions ...	—	—	—
		At no School or Institution ...	16	19	35
	Active non-pul- monary tuber- culosis ...	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	23	11	34
		At Public Elementary Schools ...	41	39	80
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	2	7
	Crippled Children (other than those with active tuberculosis dis- ease (e.g. children suffering from paralysis, &c., and including those with severe heart disease ...	At Certified Hospital Schools ...	3	—	3
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	171	201	372
		At other Institutions ...	—	—	—
		At no School or Institution ...	11	19	30

Table IV.—Return of Defects Treated during the year ended 31st December, 1929.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. 1	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
SKIN—			
Ringworm—Scalp ...	71	7	78
Ringworm—Body ...	69	3	72
Scabies ...	50	7	57
Impetigo ...	855	56	911
Other Skin Diseases ...	170	43	213
MINOR EYE DEFECTS ... (External and other, but excluding cases falling in Group II.)	297	101	398
MINOR EAR DEFECTS ...	150	57	207
MISCELLANEOUS ... (e.g. Minor injuries, bruises, sores, chilblains, etc.)	860	63	923
Total ...	2522	337	2859

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect. 1	Number of Defects dealt with.			
	Under the Authority's Scheme. 2	Submitted to Refraction by Private Practitioner or at Hospital apart from Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in body of Report ...	2751	66	178	2995
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	308	—	25	333
Total ...	3059	66	203	3328

Total number of Children for whom Spectacles were prescribed—

(a) Under Authority's Scheme	...	1596
(b) Otherwise	...	146

Total number of Children who obtained or received Spectacles—

(a) Under Authority's Scheme	...	1191
(b) Otherwise	...	214

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from Authority's Scheme. 2	Total. 3		
1044	123	1667	307	1474

Group IV.—Dental Defects.

(1) Number of Children who were

(a) Inspected by the Dentists :—

(a) Inspected by the Dentists:—				Total.
		Aged		
Routine age Groups	}	5	...	2950
		6	..	4779
		7	...	5276
		8	...	5413
		9	...	5339
		10	...	3207
		11	...	1856
		12	...	1574
		13	...	590
				30984
Specials	...	...	...	506
				31490
(b) Found to require Treatment	...	...	...	19574
(c) Actually Treated	...	...	...	11054
(d) Re-treated during the year as the result of periodical Examination	...	...	...	—
(2) Half-days devoted to Inspection	...	947	} Total	2455
" " Treatment	...	1508		
(3) Attendances made by Children for Treatment	...	...	...	13749
(4) Fillings—	Permanent Teeth	.. 4387	} Total	7095
	Temporary Teeth	... 2708		
(5) Extractions—	Permanent Teeth	... 1350	} Total	25734
	Temporary Teeth	... 24384		
(6) Administration of general Anæsthetics for Extractions	—			
(7) Other Operations (Silver Dressings)—				
	Permanent Teeth	... 912	} Total	1637
	Temporary Teeth	... 725		
Scalings	...	...	...	596
Gum Dressings	...	...	...	325

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by School Nurses	...	...	6
(2) Total number of Examinations made of Children in the Schools by School Nurses	...	...	156495
(3) Number of individual Children found unclean	...	...	3271
(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	—
(5) Number of Cases in which Legal Proceedings were taken—			
(a) Under the Education Act, 1921	...	...	—
(b) Under School Attendance Bye-Laws	...	...	—

APPENDIX II.—STATISTICAL TABLES.

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

																		Total.
Ages	...	...	...	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Boys	...	...	...	—	—	7	36	53	57	167	170	95	71	78	104	34	21	893
Girls	...	...	...	—	—	50	39	45	51	149	195	60	23	52	62	41	7	774
Totals	...	...	...	—	—	57	75	98	108	316	365	155	94	130	166	75	28	1667

Secondary Schools

Table II.--Shewing Nature of Defects referred to for Treatment and cases where Defects were Remedied.

DEFECT OR DISEASE.				Referred for Treatment.	Received Treatment.
MALNUTRITION	...	...	...	—	—
UNCLEANLINESS—					
Head	...	...	...	13	13
Body	...	...	...	—	—
SKIN—					
Ringworm—					
Head	...	...	...	—	—
Body	...	...	...	—	—
Scabies	...	...	...	—	—
Impetigo	...	...	...	—	—
Other Disease	...	...	...	3	3
EYE—					
Defective Vision or Squint	...	...	...	162	146
External Eye Disease	...	...	...	21	19
EAR—					
Defective Hearing	...	...	...	8	6
Ear Disease	...	...	...	1	1
TEETH—					
Dental Disease	...	...	...	138	115
NOSE AND THROAT—					
Enlarged Tonsils	...	...	...	15	14
Adenoids	...	...	...	3	2
Defective Speech	...	...	...	—	—
Tonsils and Adenoids	...	...	...	15	14
Other Conditions	...	...	...	26	23
HEART AND CIRCULATION—					
Heart Disease—					
Organic	...	...	...	23	23
Functional	...	...	...	10	10
Anæmia	...	...	...	38	29
LUNGS—					
Pulmonary Tuberculosis—					
Definite	...	...	...	—	—
Suspected	...	...	...	—	—
Chronic Bronchitis	...	...	...	3	3
Other Disease	...	...	...	1	1
NERVOUS SYSTEM—					
Epilepsy	...	...	...	—	—
Chorea	...	...	...	1	1
Other Disease	...	...	...	1	1
NON-PULMONARY TUBERCULOSIS—					
Glands	...	...	...	1	1
Bones and Joints	...	...	...	—	—
Spine	...	...	...	—	—
Hip	...	...	...	—	—
Other Forms	...	...	...	—	—
Rickets	...	...	...	2	2
DEFORMITIES—					
Postural Scoliosis	...	...	...	22	22
„ Lordosis	...	...	...	6	6
Round Shoulders	...	...	...	72	68
Flat Foot	...	...	...	108	94
Other Forms	...	...	...	4	4
OTHER DEFECTS OR DISEASES	...	...	...	26	24

